

Community Resources Department

Refund Policy

Prior to the class beginning:

- A refund, less \$5.00 per class processing fee, will be given or credited to your account.

After the class begins:

- The City of Fairfield Community Resources Department guarantees that you will be satisfied with the programs in which you participate! If you are not satisfied with the quality or level of instruction or class conditions, **after completing the first session of a class**, we will give you a refund or credit towards trying something different. Your satisfaction is our goal! Requests must be submitted on the attached Refund Request form, using one of the delivery options listed below, **prior to the start of the second session**.
- All other refunds may only be given if a participant misses or will miss at least fifty percent (50%) of the total sessions of a class or program due to a serious physical condition that prohibits participation in the remaining sessions of the class or program.

The condition must be verified in writing by the doctor providing treatment

In order to be eligible for a refund, the participant must submit a written refund request, along with the documentation from the doctor, within seven (7) days of the doctor note. A refund, less \$5.00 per class processing fee, will be given or credited to your account.

Failure to attend a session or class is not grounds for a refund.

Refunds may be requested by:

WALK IN – Fairfield Community Center
1000 Kentucky Street
M-Th 11:00 a.m.– 5:30 p.m.

MAIL - Registrars
1000 Webster Street
Fairfield, CA 94533

FAX – (707) 399-8534

EMAIL – [classes@ fairfield.ca.gov](mailto:classes@fairfield.ca.gov)

Methods for refunds:

- Refund may be credited to account for future use.
- Purchases made by credit card will be refunded to the same credit card.
- Purchases made by cash or check will be refunded by check. Allow three weeks for processing.

Revised June 2011

Community Resources Department Refund Request

(Must be submitted in person, by Fax, Email or U.S. mail)

Date Refund Request Given to Customer: _____

Name on account: _____

Email address: _____

Account phone #: _____ Cell #: _____

Participant name: _____

Class: _____ Beginning date: _____

The reason I believe I should receive a refund or credit for the above class is:

☐ The participant's physical condition prohibits his/her participation from this program.
(Attach physician's note.)

Or:

☐ I am requesting a refund under the City's satisfaction policy. I am submitting this request prior to the start of the second class.

I am dissatisfied with the class, because:

I understand that this request will be submitted to the Community Resources Department management for review and disposition.

Signature

Date

For Internal Use Only:

Refund request has been reviewed and is ☐ approved / ☐ denied.

Signature of Manager

Date